No. 300
10-47
5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 2 1948
Registration District No. 2080

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31679

Primary Registration District No. 6080

Registrar's No. 58

1. PLACE OF DEATH:

(a) County St. Genevieve

(b) City or town rural Saline
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Owen G. Rector

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Mary Knight Rector

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 6, 1880
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	2	19	hr. min.

9. Birthplace Ste. Genevieve County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name John C. Rector
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Artemesa Smith
15. Birthplace Ste Genevieve County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Owen G. Rector
(b) Address Weingarten Mo rt 1

17. (a) b (Burial, cremation, or removal) (b) Date thereof 9/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington Mo

19. (a) 9/27/48 (Date received local registrar) (b) Leo V. Karl (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 25
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15, 1946, to Sept 1, 1948, that I last saw him alive on Aug 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio Vascular Renal Disease	17
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other) M.D.

Address Ste. Genevieve Mo Date signed 9-25-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1048-1235

Date Filed 10-1-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Donald L. Roberts, Registered Apprentice No. 262, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 4084

P. O. Address Farmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.